

Prostate Cancer Screening: The Latest Take

-The USPSTF recommends **against** routine prostate cancer screening: benefits < harms (!!!!!)

-**Lifetime risk** of prostate cancer=**16%**; **risk of dying** of prostate cancer=**3%**

-PSA elevations can precede clinical disease by 5 to 10 years but...

PSA is also elevated in *benign prostatic hyperplasia (BPH)*, *prostatitis*, and other common conditions

DRE increases PSA by 0.2-0.4 ng/mL, ejaculation by 0.8, prostate biopsy by 8

-Studies show no benefit on prostate cancer outcomes with DRE + PSA versus PSA alone

THE EVIDENCE: SKEWED AGAINST SCREENING

-In the European Randomized Study of Screening for Prostate Cancer, 182,160 men aged 50-74 were randomized to screening with PSA v. no screening

Absolute rates of prostate cancer mortality were 0.39 v. 0.50 per 1000 person-years

1055 men needed to be screened to prevent **1** prostate cancer death over **11** years

-In the United States Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial, 76,693 men aged 55-74 were randomized to screening with PSA/DRE v. no screening

After 7 years, no reduction in mortality, but increased rates in cancer detection in screening group

-A 2010 meta-analysis of 6 RCTs showed **no reduction in mortality**, with **increased cancer diagnosis** in screening groups

TREATMENT HAS ITS OWN RISKS

Risks of biopsy: bleeding, infection, discomfort, and distress

Risk of surgery: 0.5% operative mortality, but 1% in men over 75

Radical prostatectomy causes sexual dysfunction in 20-70% and urinary problems in 15-50%

External beam radiation therapy causes erectile dysfunction in 20-45%, urinary incontinence in 2-16%, and bowel dysfunction in 6-25%

THE UPSHOT: INFORMED DECISION MAKING

Talk to your patient about risks and benefits. If they do want screening and understand the risks, start with a **PSA/DRE at age 50**. Repeat every **2-4 years until life expectancy is <10 years**.